

WISCONSIN MEDICAID

ADULT IMMUNIZATION RECORD

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The use of this form is voluntary. This form can be used to let the doctor know what immunizations the recipient has received. If the recipient has received his or her influenza or pneumococcal immunization at a clinic other than where his or her doctor practices, the recipient may give this form to his or her doctor for notification.

Name — Recipient (Last, First, Middle Initial)			Date of Birth — Recipient (MM/DD/YYYY)	
	Type of Vaccine	Date Administered (MM/DD/YYYY)	Name — Health Professional or Clinic Administering Vaccine	Address and Telephone Number — Health Professional or Clinic
Influenza				
Pneumococcal				



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